



# Wilmington Police Department

## Application Checklist

**Please include the following items with your application packet in addition to the forms provided.**

- City of Wilmington Employment Application (**completed and signed**)
- North Carolina Personal History Statement (**completed, signed and notarized form F-3**)
- Wilmington Police Department Personal History Waiver (**completed and notarized**)
- Wilmington Police Department Credit Inquiry Waiver (**completed and notarized**)
- Wilmington Police Department Recruiting Survey
- Copy of Birth Certificate
- Copy of NC BLET Certificate (if applicable)
- \*Copy of Official Transcript(s)
  - High School ( a copy of your high school transcript only)
  - GED (A copy of your final grade must also be attached)
  - College ( a copy of your official transcript only)
- Copy of Driver's License (**Include a certified copy of your driving history if you possess or have possessed a driver's license from any state other than North Carolina**).
- Copy of Military Discharge Papers (**DD-214**) (if applicable)
- Copy of Social Security Card
- Copy of **Original** and **Certified** criminal record search from the clerk of court's office from all the counties in which you have lived since the age 18. (**Does not apply to a Certified Police Officer**).
- **Applications should be submitted to Human Resources at the below listed address with all required documents requested:**

City of Wilmington Human Resources  
P.O. Box 1810 Wilmington, NC 28401



# Wilmington Police Department City Information



Wilmington is a port city of approximately 95,000 inhabitants and is a growing urban area. It is home to many students attending the University of North Carolina at Wilmington and Cape Fear Community College. The travel industry is a major component of the area's economy. In close proximity to Wilmington are several beach communities: Wrightsville Beach, Carolina Beach and Kure Beach. The area is blessed with mild seasons, 214 sunshine days and a mean average temperature of 63.7 degrees Fahrenheit. The moderate weather provides opportunities for year-round outdoors-recreational activities such as golf, fishing, swimming, tennis, boating and more.

For more than two centuries, the Wilmington Police Department has been committed to protecting the life and property of citizens. Each member of our department has been challenged to work hard to improve the quality of police service. The Police Department has more than 297 employees, 252 of whom are sworn officers. The Wilmington Police Department is comprised of three organizational components: The Office of the Chief of Police, The Patrol Operations Bureau, and The Support Operations Bureau. The bureau commanders (deputy chiefs) report to the chief of police. The department has several specialized units including Crime Analysis, Professional Standards, Public Information, Policy/Inspections, Chaplains, Downtown/Mounted Unit, Traffic Enforcement, Crime Prevention, Problem Oriented Policing/Canine Unit, Task Force, Vice/Narcotics, Criminal Investigations, and the Support Services section.

A competitive salary and benefit package, including life insurance, disability insurance, medical insurance, dental insurance, retirement and investment programs are offered. The City of Wilmington is an equal opportunity employer.



# Wilmington Police Department

## Police Officer Employment Application Process

- Step 1: Completion of Wilmington Police Department Application Packet
- Step 2: Written Test and Job Related Physical Abilities Test
- Step 3: Behavioral Personnel Assessment Device (B-PAD)
- Step 4: Preliminary Background (Driver's History, Criminal History, AOC, Credit History)
- Step 5: Interview Board
- Steps 6-9 are completed after a conditional job offer has been given**
- Step 6: Polygraph
- Steps 7-9: Full Background, Psychological Evaluation, Medical/Drug Screening

After an application packet is submitted to the City of Wilmington Human Resources Department it will be forwarded to the Wilmington Police Department Professional Development Unit. Applicants will be contacted to attend the Written and Physical Testing once the application has been reviewed.

The **Written Testing** will consist of four sections: Mathematics, Reading Comprehension, Grammar, and Incident Report Writing. Applicants must achieve a score of at least 70% in order to continue in the hiring process.

The **Physical Abilities Test** is outlined below and must be completed in **7 minutes 20 seconds or less** to continue in the hiring process. Applicants will be given three attempts pass the test.

- Run 200 yards
- Step up on a step box 20 times
- 15 Push Ups
- 15 Sit Ups
- Step up on a step box 20 times
- 15 Push Ups
- 15 Sit Ups
- Run 200 yards



The **Behavioral Personnel Assessment Device (B-PAD)** - Candidates watch a series of professionally acted and produced video simulations, then respond verbally as if they were at the scene. Responses are videotaped and scored using validated criteria. Applicants must achieve a score of at least 60% in order to continue in the hiring process.

## POLICE CADETS

Police Cadet Applicants complete steps **1, 4, & 5** from above, in addition to a medical evaluation and drug screen.

# Wilmington Police Department

## Employment Disqualifiers

**Any one or more of the following shall disqualify an applicant from further consideration for employment.**

### **Certification**

- Failure to be eligible for certification by North Carolina Training and Standards Commission.

### **Credit**

- Current unsatisfactory credit history rating as determined by the Chief of Police. Factors that will be reviewed include, but are not limited to, the following:
  - Known unsatisfied judgments at time of application other than traffic fines & costs.
  - Any arrears in child support or failure to pay child support.

### **Criminal History**

- Any felony conviction.
- A misdemeanor conviction that would either prohibit certification or could result in suspension of certification by North Carolina Training and Standards Commission.
- Any individual that has been named respondent and/or defendant in an active domestic violence protective order (50B Order) issued by a judge of a court of competent jurisdiction.
- Any individual convicted of any offense arising from domestic violence as defined by 18 U.S. C. Section 921 (a).

### **Drugs**

- The unlawful sale or distribution of any controlled substances.
- Any use or possession of any substance listed in Schedule I of the NC Controlled Substance Act.
- The use of any substance listed in Schedules II-V of the NC Controlled Substance Act without medical supervision within ten (10) years immediately preceding the date of application will be reviewed by the Chief of Police on a case by case basis.
- Possession or use of Marijuana or a derivative thereof within the twelve (12) months immediately preceding the date of application.

### **Traffic**

- Conviction in any jurisdiction of Driving Under the Influence of Drugs or Alcohol within the five (5) years immediately preceding the date of application.
- Refusal to take a Chemical Analysis Test as required by the implied consent law of any jurisdiction within the five (5) years immediately preceding the date of application.
- Conviction of Eluding Police, Hit and Run, Vehicle Speed Competition or Death by Vehicle.
- The suspension or revocation of driving privileges in any jurisdiction within the past five (5) years for any reason other than failure to pay fines and costs.

### **Other**

- A Dishonorable Discharge from any military service (a Less-than-Honorable will be reviewed on a case by case basis).
- Untruthfulness or the falsification of any application, certificate, credential, interview, test, or document associated with application for this position.
- A police applicant shall be at least 20 years of age.
- Behavior unsuitable or inappropriate for a Police Officer as determined by the Chief of Police.
- Not being a United States Citizen.
- A police officer applicant, who is disqualified from the process, may re-apply for the position at any time after the date of disqualification.



## Credit History Evaluation

During the application screening phase of the selection process, the Wilmington Police Department will request a copy of each applicant's credit history report through Trans Union. The following scale will be used to determine whether an applicant may continue in the hiring process.

Applicants may not accumulate more than 14 points on the following scale

to continue. \* Accounts 30 & 60 days late are not counted.

- 90 Days late – 3 points
- 120 Days late – 4 points
- More than 120 days late – 5 points
- Bad debt or repossessions – 8 points
- Judgments and collections – 9 points

Applicants are encouraged to obtain a copy of their credit report from a credit reporting agency such as Trans Union if there is a concern of the application being disqualified. This will allow applicants to clear up any negative accounts or discrepancies on the report.



**Human Resources**  
320 Chestnut Street  
2<sup>nd</sup> Floor  
PO Box 1810  
Wilmington, NC 28402-1810

910 341-7840  
910 341-5841 fax  
wilmingtonnc.gov  
Dial 711 TTY/Voice

## **Consumer Notification**

Dear Applicant:

This is to inform you that a consumer report or an investigative consumer report will be requested from the City of Wilmington's vendor, a Consumer Reporting Agency (CRA). This report is for the purpose of evaluating your eligibility for employment.

You have been asked to carefully read and sign the background check authorization form permitting the City's vendor to furnish the consumer report to us.

In accordance with the Fair Credit Reporting Act (15 U.S.C. 1681 et. seq), you will be notified in writing before the City makes any adverse employment decision which is based in whole or in part on the consumer report.

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.



- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



# City of Wilmington

## Employment Information

The City of Wilmington welcomes and appreciates your interest in employment with the City. Outlined below is information describing the City's employment process that will assist you in your application process.

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### Equal Employment Opportunity

As we strive to maintain a diverse workforce, the City of Wilmington encourages all qualified persons to apply without regard to race, ethnicity, gender, age, religious affiliation or disability.

### Job Opening Information

A current listing of job openings is available on our Web Site [www.wilmingtonnc.gov](http://www.wilmingtonnc.gov). Positions also are posted at the Human Resources office and with the Employment Security Commission.

The City of Wilmington only accepts applications for specific open positions.

### Employment Application

Our employment application is designed to gather information to evaluate your qualifications for the position for which you are applying. If you wish to apply for more than one position, a separate application must be submitted for each position. **Please ensure all pertinent information is documented on the application. Please don't indicate "See Resume/Attachment".** The application is your introduction to the department so every effort should be made to make your application legible and complete.

The employment application and all related information requested should be received in Human Resources by 5:00 p.m. of the application deadline. Applications received after the application deadline will not be considered for the position. All information on the application is subject to verification.

### Application Consideration

The application review process begins after the closing date for applications. Human Resources receives and carefully reviews all applications and refers to the hiring department candidates whose qualifications

best match the position's posted requirements based on the information presented on the application. The hiring department reviews the referred applications and determines applicants to interview. Simply fulfilling the minimum qualifications for a position does not assure an interview. Candidates being offered an interview may not be contacted immediately following the closing date. Your patience in the process is appreciated.

### Conditional Job Offer

All new employees will be offered the position contingent on passing a pre-employment physical and drug screen. This free screening is provided by the City of Wilmington. Failure to pass the tests will disqualify you from further consideration for this position.

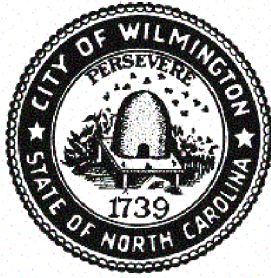
Additionally, some positions may require a driving record and criminal history record check prior to employment. Failure to meet the City's designated standard will result in rescinding the job offer or dismissal.

### Pay and Benefits

The City of Wilmington offers a competitive salary package. Comprehensive benefits include health, life and disability insurance, as well as paid holidays, vacation and sick leave and a retirement package.

### Verification of Employment Eligibility

Under the Immigration, Reform and Control Act of 1986, all new hires will be required to provide appropriate documentation to establish identity and right to work in the United States.



# City of Wilmington, North Carolina

## Employment Application

HUMAN RESOURCES  
P.O. BOX 1810 • WILMINGTON, NORTH CAROLINA • 28402

We welcome you as a prospective employee of the City of Wilmington. Completing the Employment Application is the first step in the selection process. You will not be considered unless you meet the minimum qualifications as posted in the advertisement. In order to be fairly considered, **answer all questions completely and accurately**, relating your education, training, and experience to the position for which you are applying. No information in this application is intended to be used for discriminatory purposes. **A resume may be attached, but not substituted for requested information.** The Human Resources Department will keep you informed of the selection process. If hired you must provide appropriate documents to verify your eligibility for employment under the Immigration, Reform and Control Act of 1986.

### IDENTIFYING DATA

Title of Position Sought: \_\_\_\_\_ Job No. \_\_\_\_\_ Date: \_\_\_\_\_

First Name MI Last Name

-  -   
Social Security Number

Address-Number Street Name / Apt. #

City State Zip Code

-  -   -  -   
Home Phone Business or Message Phone

Driver's License: Is driver's license presently restricted, suspended, or revoked? Yes ☐ No ☐  
MO DAY YR

Driver's License Number, If no License, enter None State Class (A, B or C) Expiration Date

Do you currently hold an NC class A, B, or C Drivers License? Yes ☐ No ☐

Date Available for Work: \_\_\_\_\_

Type of Position Desired: ☐ Full Time ☐ Part Time ☐ Temporary

Available For: ☐ Shift Work ☐ Weekend Work

For some positions, there are minimum age requirements. Please check the appropriate box:

☐ under 16 years of age ☐ 16-18 ☐ 18-21 ☐ over 21

AN EQUAL OPPORTUNITY EMPLOYER

**EDUCATION**Choose the highest grade you completed in school  
1 2 3 4 5 6 7 8 9 10 11 12Did you graduate from high school? ☐ Yes ☐ NoDid you obtain a GED certificate? ☐ Yes ☐ No

Name and location of high school attended

Name(s) and location(s) of Colleges or Universities attended	Major/Minor Studies	Dates Attended From To Mo/Yr Mo/Yr	Degrees	Graduation Date

Professional Certificate of license related to the job for which you are applying.

Title

Expiration Date

**SPECIAL TRAINING**

This space is for training or education that demonstrates specific qualifications for the particular job for which you are applying. The training or education may be full-time or part-time, apprenticeships, academic courses, seminars, or other types of training. Training schools, military schools, business colleges, or special courses pertinent to the position applied for should be included. Attach additional pages, if necessary. Attach transcripts, diploma or certificate, if required by vacancy.

Course	Institution	Dates From To Mo/Yr Mo/Yr	Total Class Hours	License or Certificate Issued

**EQUIPMENT SKILLS**

List any special size and type of equipment you operate, including office, computers, vehicles, construction, etc.:

PERSONAL REFERENCES (Do not list Relatives or Employers)			
Name	Address	Occupation	Telephone

## EXPERIENCE

List your most recent experience first. Experience may be paid or unpaid, full-time, part-time, or military. Describe all of your work experience thoroughly, indicating how it relates to the position for which you are applying. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application. **A RESUME MAY BE ATTACHED TO SUPPLEMENT INFORMATION, BUT MAY NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION.**

Dates and Salary	Employer	Job Title, Description of Duties, Hours Worked, Reason for Leaving
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		

**Experience Continued:**

Dates and Salary	Employer	Job Title, Description of Duties, Hours Worked, Reason for Leaving
Starting Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Name:	Title: _____ Hours Worked: _____
Ending Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Address:	<u>Duties:</u> _____
Starting Salary: _____ per	Telephone:	_____
Ending Salary: _____ per	Supervisor's Name:	Reason for Leaving: _____
Equipment Operated: _____		
Starting Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Name:	Title: _____ Hours Worked: _____
Ending Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Address:	<u>Duties:</u> _____
Starting Salary: _____ per	Telephone:	_____
Ending Salary: _____ per	Supervisor's Name:	Reason for Leaving: _____
Equipment Operated: _____		
Starting Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Name:	Title: _____ Hours Worked: _____
Ending Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Address:	<u>Duties:</u> _____
Starting Salary: _____ per	Telephone:	_____
Ending Salary: _____ per	Supervisor's Name:	Reason for Leaving: _____
Equipment Operated: _____		
Starting Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Name:	Title: _____ Hours Worked: _____
Ending Date: Mo <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>	Address:	<u>Duties:</u> _____
Starting Salary: _____ per	Telephone:	_____
Ending Salary: _____ per	Supervisor's Name:	Reason for Leaving: _____
Equipment Operated: _____		

May we contact your current employer?  
If No, please explain:

Yes ☐ No ☐

**PERSONAL INFORMATION****YES NO**

1. Can you provide proof of your identity and eligibility for employment in the United States? ☐ ☐
2. Are you currently employed by the City of Wilmington? (If yes, list department below.) ☐ ☐
3. Have you ever been employed by the City of Wilmington? (If yes, please explain below.) ☐ ☐

Previous Title: \_\_\_\_\_ Dept. \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

4. Have you ever been convicted of a crime (misdemeanor, felony, or military court martial) or had any moving traffic violations within the past two years? Conviction does not necessarily disqualify candidates from employment consideration. If yes, list date, place, offense, and fine (or sentence) for each instance in space below. ☐ ☐
5. Do you have members of your household or relatives currently employed by the City of Wilmington? (If yes, provide the following information.) ☐ ☐

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

6. Are you capable of performing the activities involved in the job or occupation for which you have applied with or without reasonable accommodation? ☐ ☐

Explanatory remarks: (Please indicate item numbers to which answers apply.)

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**CONDITIONS OF EMPLOYMENT**

Thank you for completing this application. You are urged to carefully read the following certification.

All the information provided by me on this application or otherwise is accurate and complete and I hereby give the City of Wilmington permission to investigate any and all information contained herein or otherwise provided during the selection process. In addition, if appropriate for the position, I (A) authorize the City of Wilmington Human Resource Department to conduct/request a background, criminal, history and/or driving record check; (B) agree to undergo drug screening; (C) agree to undergo a polygraph examination; and (D) agree to undergo a physical and/or psychological examination.

I fully understand that this application will be used only in conjunction with the position for which I am applying and that its completion neither assures me a position with the City nor obligates the City to me in any way.

I further understand that the failure to complete this application may render it void and that any misleading, incorrect statements, or omissions of material facts made during the selection process will subject me to disqualification, or if employed, result in my suspension or immediate discharge from employment with the City of Wilmington. If employed, I will provide documentation establishing my identity and right to work in the United States; I agree to conform to the rules and regulations of the City of Wilmington or departments thereof; and I fully understand that employment can be terminated for any reason deemed sufficient by the City.

I certify that I have read the foregoing statements and agree to the conditions stated therein.

☐ Yes, I agree to the conditions above. Date: Month:  Day:  Year

☐ No, I do not wish to have my application submitted. You will not be able to submit your application if you do not answer "yes" to these terms and condition



# Wilmington Police Department

## Recruiting Survey

To insure that we are contacting as many qualified applicants as possible we continually update our recruiting methods. To help us in this attempt please take a few moments to complete the following survey and return it with your completed application.

How did you receive your information concerning employment opportunities with the Wilmington Police Department?

☐ Employment Security Commission Posting

☐ Friend / Relative: \_\_\_\_\_

☐ Job Fair

Location: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Internet Website name \_\_\_\_\_

☐ Newspaper Advertisement

City / Name: \_\_\_\_\_

☐ Professional Association

Name: \_\_\_\_\_

☐ Professional Journal

Name: \_\_\_\_\_

☐ Radio Advertisement

City / Station: \_\_\_\_\_

☐ Television Advertisement or Screen Vision Direct Movie Advertisement

City / Channel / Theater: \_\_\_\_\_

☐ City of Wilmington Job Information Line

☐ City of Wilmington Human Resources' Office Posting

☐ Other: \_\_\_\_\_

\_\_\_\_\_

Date Survey Completed: \_\_\_\_\_



# City of Wilmington

## Voluntary Information

**The City of Wilmington does not discriminate based on race, ethnicity, gender, age, religious affiliation, or disability.**

This information is to be completed by applicant on a voluntary basis. The information will be used and kept confidential in accordance with applicable laws and regulations. The City of Wilmington will utilize the information to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply for federal reporting purposes. This information is not shared with the hiring department.

We invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to complete this form will not subject you to any adverse personnel decision or action. Filling out this survey will help us better serve you. Your cooperation is appreciated.

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### Please Print

#### Applicant Information

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zipcode

Male Female Date of Birth \_\_\_\_\_

#### Please check one of the following Equal Opportunity Identification Groups:

Caucasian (not of Hispanic Origin) (B) African American/Black (C)  
(Not of Hispanic Origin)

American Indian/Alaskan Native (F) Asian/Pacific Islander (E)

Hispanic (D)

# Wilmington Police Department

## Personal Inquiry Waiver

### Authority for Release of Information

I hereby authorize full disclosure to the Wilmington Police Department of all information concerning me, requested for the purpose of determining my qualification and fitness for employment by the Wilmington Police Department. This may include, but is not limited to, my work record, criminal record, driving record, military service record, school record, financial and credit status, general reputation, medical reports (including drug screening), and psychological reports of any type regardless of their otherwise confidential nature.

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I hereby release you and your organization or others from any liability or damage which may result from furnishing the information requested above. I understand that the Wilmington Police Department will not reveal to me the nature or contents of any confidential reports received.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Printed Name

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State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, and did execute the foregoing instrument in my presence on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

# Wilmington Police Department

## Credit Inquiry Waiver

### Authority for Release Financial Information And Agreement Not To Sue (TransUnion or Other Credit Reporting Agency)

I have applied with the Wilmington North Carolina Police Department. I hereby consent to the City of Wilmington, North Carolina and the Wilmington Police Department, for the purpose of determining my suitability for employment or continued employment, conducting an investigation into my financial and credit history including a credit report from TransUnion or other credit-reporting agency. I hereby authorize and direct any person, firm, corporation, educational institution, government agency, or other entity holding any financial or credit information or record about me to release such information.

On behalf of myself, my heirs, executors, administrators, and assigns, I hereby release, exonerate, discharge, and agree forever to refrain from bringing suit or proceedings at law or equity for any claim or suit for damages against all persons, firms, corporations, educational institutions, government agency, or other entities, their employees and agents, whether or not named herein, for release whether directly or indirectly, of any financial or credit information or record, whether substantiated, accurate or not, and the City of Wilmington, North Carolina and the Wilmington Police Department, all employees and agents thereof, for obtaining, using, and releasing any such financial record or information, whether substantiated, or accurate, or not.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Printed Name

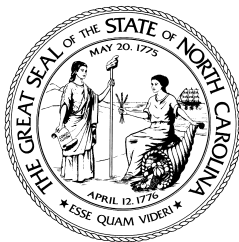
State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, and did execute the foregoing instrument in my presence on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public



## **NORTH CAROLINA**

### **CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

#### **CRIMINAL JUSTICE STANDARDS DIVISION**

**TELEPHONE: (919) 716-6470**

*It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.*

## **PERSONAL HISTORY STATEMENT**

**NOTE:** This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

**NORTH CAROLINA  
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION  
PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS:** Using a typewriter or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

**NOTE:** All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

**THIS FORM MUST BE NOTARIZED UPON COMPLETION.**

**NOTE:** The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Position(s) applied for: \_\_\_\_\_

\_\_\_\_\_ Agency \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

**PERSONAL**

1. Name: \_\_\_\_\_ 2. \_\_\_\_\_  
First Middle Last Social Security Number

All Previous Names: \_\_\_\_\_

Nicknames or Aliases: \_\_\_\_\_

3. Present Mailing Address: \_\_\_\_\_  
Street & Number City County State Zip Code

Permanent Mailing Address: \_\_\_\_\_  
Street & Number City County State Zip Code

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
\_\_\_\_\_

Pager Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ 5. Place of birth: \_\_\_\_\_  
\_\_\_\_\_ birth: \_\_\_\_\_

6. Citizenship: ☐ A. U.S. Born ☐ B. U.S. Naturalized ☐ C. Other - Specify \_\_\_\_\_

**NOTE:** Data solicited in this block will be utilized for Equal Employment Statistical Information purposes only.

7. Ethnic Background

- |   |  |
|---|--|
| <input type="checkbox"/> A. American Indian | <input type="checkbox"/> D. Spanish American |
| <input type="checkbox"/> B. Asian American  | <input type="checkbox"/> E. White            |
| <input type="checkbox"/> C. Black           | <input type="checkbox"/> F. Other _____      |

8. Sex: ☐ A. Male ☐ B. Female

9. Have you previously submitted an application for employment with this agency?

☐ A. Yes ☐ B. No Approximate date: \_\_\_\_\_

**EDUCATIONAL****FORM F-3**  
(Revised 2/08)

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Yrs. Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools					
B. University or Colleges					
C. Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

☐ A. Yes    ☐ B. No    If yes, when and where did you complete the GED?

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**NOTE:** Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer.**MARITAL**
12. Marital Status (Check one)      ☐ A. Single      ☐ C. Married      ☐ E. Divorced  
☐ B. Engaged      ☐ D. Separated      ☐ F. Widowed

13. Name of Spouse: \_\_\_\_\_

14. List all of your children, including any adopted or stepchildren:

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	PHONE NUMBER
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**FAMILY HISTORY****FORM F-3**  
(Revised 2/08)

15. Are you related by blood or marriage to any person(s) now employed by this agency?

☐ A. Yes ☐ B. No If yes, give name(s) and details:

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16. Is any member(s) of your immediate family now in prison or on either probation or parole?

☐ A. Yes ☐ B. No If yes, give name(s) and details:

---

---

**RESIDENCES**

17. List addresses for past 10 years starting with present address at top:

FROM MO. YR.		TO MO. YR.		ADDRESS OF RESIDENCE (Include COUNTY of Residence)	CITY & STATE (Include ZIP CODE)	LANDLORD

**FINANCIAL**

18. What income other than salary do you have at present?

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19. Are you now supporting all children born to you, adopted by you, and stepchildren?

☐ A. Yes ☐ B. No If not, give details:

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20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

☐ A. Yes ☐ B. No If yes, give name and details:

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23. What is the average monthly total of all of your bills, payments, and current living expenses? \$

Street Address	City and State
----------------	----------------

## WORK HISTORY

25. Have you ever been denied employment by a criminal justice agency?

☐ A. Yes      ☐ B. No      If yes, list agency name and give details:

[illegible]

26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:

[illegible]

27. Do you object to wearing a uniform? ☐ A. Yes ☐ B. No

28. Do you object to working nights? ☐ A. Yes ☐ B. No

29. Do you object to working rotating shifts? ☐ A. Yes ☐ B. No

30. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?

☐ A. Yes    ☐ B. No

31. List all the jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____		Starting salary _____	Last salary _____
Date employed:	Name and title of supervisor: _____		No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____	
Full-time Yrs. Mos.	Address _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week:	Duties: _____		
	_____		
Reason for Leaving: _____			

B. Title of present or last position _____		Starting salary _____	Last salary _____
Date employed:	Name and title of supervisor: _____		No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____	
Full-time Yrs. Mos.	Address _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____		
	_____		
Reason for Leaving: _____			

C. Title of present or last position _____		Starting salary _____	Last salary _____
Date employed:	Name and title of supervisor: _____		No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____	
Full-time Yrs. Mos.	Address _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____		
	_____		
Reason for Leaving: _____			

D. Title of present or last position _____		Starting salary _____	Last salary _____
Date employed:	Name and title of supervisor: _____		No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____	
Full-time Yrs. Mos.	Address _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____		
	_____		
Reason for Leaving: _____			

E. Title of present or last position _____		Starting salary _____	Last salary _____
Date employed:	Name and title of supervisor: _____		No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____	
Full-time Yrs. Mos.	Address _____		
Part-time Yrs. Mos.	Street _____	City _____	State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____		
	_____		
Reason for Leaving: _____			

- F. Explain Periods of unemployment of three months or more. \_\_\_\_\_

**MILITARY SERVICE****FORM F-3**  
(Revised 2/08)

32. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No

**QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS**

33. What is your service number? \_\_\_\_\_

34. What was the highest rank that you held? \_\_\_\_\_

35. What was the date and location of your first entrance into active duty? \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

36. What were your unit assignments in the service? \_\_\_\_\_

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

37. What was the date and location of your last discharge from active duty?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

38. Was your last discharge honorable? ☐ Yes ☐ No (If no, was it characterized as bad conduct ☐ or dishonorable ☐?)

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.) **or any other disciplinary action** while a member of the armed forces?

☐ Yes ☐ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40. List any disciplinary action taken against you in the National Guard or other reserve unit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

41. List all medals and decorations awarded you during your military service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

42. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

\_\_\_\_\_

\_\_\_\_\_

## USE OF ALCOHOL OR DRUGS

FORM F-3  
(Revised 2/08)

**NOTE:** In questions 43, 44, 45 and 46, the words drink or used mean “one time or more, including experimentation.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

43. Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, to what degree?

\_\_\_\_\_

\_\_\_\_\_

44. Have you ever used marijuana? ☐ Yes ☐ No If yes, what were the circumstances?

\_\_\_\_\_

\_\_\_\_\_

When was the last time? \_\_\_\_\_

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

☐ Yes ☐ No If yes, under what circumstances?

\_\_\_\_\_

\_\_\_\_\_

When was the last time? \_\_\_\_\_

46. Have you ever-used prescription drugs other than under the supervision of, or as prescribed by, a physician?

☐ Yes ☐ No If yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

**NOTE:** Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer “Yes.” You should answer “No,” **only** if you have never been arrested or charged, or your record was expunged by a judge’s court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

(The term “charged” as used in this question includes being issued a citation or criminal summons.)

☐ Yes ☐ No If “Yes”, give details below:

A. Offense Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

B. Offense Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

C. Offense Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

(ATTACH EXTRA SHEETS, IF NECESSARY)

48. Have you ever had a Domestic Violence Protection Order issued against you?  
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing)

**FORM F-3**  
(Revised 2/08)

☐ A. Yes ☐ B. No

Date of Issuance: \_\_\_\_\_

County of Issuance: \_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

49. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (c) Are a fugitive from justice.
- (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) Have been discharged from the Armed Forces under dishonorable conditions.
- (g) Are illegally in the United States.
- (h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law? ☐ A. Yes ☐ B. No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

50. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

☐ A. Yes ☐ B. No Offense Charged: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

51. Have you ever been charged with or convicted of a felony? ☐ A. Yes ☐ B. No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

52. Have you ever been placed on probation? ☐ A. Yes ☐ B. No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

☐ A. Yes ☐ B. No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

54. Can you operate a motor vehicle? ☐ A. Yes ☐ B. No

55. Do you possess a valid driver's license from the State of North Carolina? ☐ A. Yes ☐ B. No

Driver's License Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

56. Do you possess a driver's license issued by any state other than the State of North Carolina? ☐ A. Yes ☐ B. No  
If yes, give the state and number: \_\_\_\_\_
57. Was your license ever suspended or revoked? ☐ A. Yes ☐ B. No If yes, state which and give reasons: \_\_\_\_\_  
\_\_\_\_\_
58. Was your license ever restored? ☐ A. Yes ☐ B. No When? \_\_\_\_\_
59. Have your driving privileges ever been restricted? ☐ A. Yes ☐ B. No If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

### CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position: \_\_\_\_\_  
\_\_\_\_\_
61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied: \_\_\_\_\_  
\_\_\_\_\_
62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	ADDRESS	TELEPHONE
1)		
2)		
3)		
4)		
5)		

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Signature in Full)

Subscribed and sworn before me,  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public (Official Seal)  
My Commission Expires: \_\_\_\_\_, 20\_\_\_\_